



## **Dental Billing Instructions**

**Mail Claims(s) to:**                      **MaineCare Claims Processing**  
   **M-600**  
   **Augusta, Maine 04333**

**Mail Adjustment(s) to:**                **MaineCare Adjustments**  
   **M-1300**  
   **Augusta, Maine 04333**

**Department of Health and Human Services**  
**Bureau of Medical Services**

## BILLING INSTRUCTIONS FOR MAINECARE DENTAL SERVICES

### MaineCare Benefits Manual - Section 25

Revised 1/05

**Our system will only accept the 1999 ADA billing forms (please do not send the 2002 forms as they will be returned to you).**

MaineCare will continue to accept handwritten claims. However, MaineCare may discontinue this policy at any time without notice.

**NOTE: Do not submit pre-treatment estimate requests with your claims to be processed for payment.**

Send prior authorization requests directly to the Prior Authorization Unit, Bureau of Medical Services, 11 State House Station, Augusta, ME 04333. When available, Prior Authorization may also be requested through the MeCMS web-based system.

Certain boxes on the claim form are mandatory. If they are not completed, or are completed incorrectly, the claim will be denied and will require correction. The information must be entered within the field. Do not overlap into other fields. Other boxes on the claim form must be completed when applicable. For example, if the services provided were a result of an accident, your office must complete box 57.

#### MANDATORY BOXES:

2. Prior Authorization Number: The Prior Authorization Number assigned by MaineCare or other agency must be entered in this field if applicable. Do not attach the prior authorization letter to the claim.
8. Patient Name: The patient's name must be printed as it appears on the member's eligibility card; last name, first name, and middle initial.
12. Patient Birthdate: The patient's date of birth must be entered in this box. The date must be printed in an eight-digit format (mmddyyyy). For example, 06231997. Do not use dashes or hyphens.
13. Patient's MaineCare ID#: Enter the member's MaineCare ID number exactly as shown on the MaineCare ID Card. Do not use dashes or hyphens. Verify current eligibility by using the medical eligibility swipe card system, interactive voice response system (1-800-452-4694 or 207-287-3081) or through MeCMS (MaineCare Claims Management System). Eligibility must also be verified for claims submitted for batch processing and web based submittals.
14. Sex: Enter an (X) in the appropriate box (M or F).

19. Patient Account (optional): You may enter a patient account number here. This information will appear on your remittance statement. If you do not use account numbers you may enter the patient's last name. You can no longer use box 32 for this purpose.
42. Name of Billing Dentist: Enter name of billing provider or entity.
44. MaineCare Provider ID#: Enter billing provider number assigned by MaineCare.
49. Place of Treatment: Enter an (X) for the place of service in the appropriate box. Extended Care Facilities (ECF) includes nursing facilities, boarding homes, ICF/MRs, Adult Family Care Homes and Private Non-Medical Institutions.
54. Orthodontic Treatment: If applicable, this box must be completed.
- 56 & 57: If applicable, for third party liability.
58. Diagnosis Code Index: Diagnostic codes are no longer required when billing MaineCare.
59. Examination and Treatment Plan:

**Date Service Performed:** Enter the date on which the service was performed using an eight digit (mmddyyyy) format. Example: 11212002. Do not use dashes or hyphens.

**Tooth # or Letter:** Enter the tooth number (1 - 32 for permanent teeth) or the tooth letter (A - T for primary teeth) for most dental procedures.

For Supernumerary tooth designation please use the following:

Permanent dentition – Supernumerary teeth are identified by the numbers 51 – 82 (add 50 to each tooth number – example: tooth #32 would be supernumerary tooth #82).

Primary dentition – Supernumerary teeth are identified by the placement of the letter “S” following the letter identifying the primary tooth. Ex: AS or TS.

Only one tooth number per line can be billed.

**Surface:** The surface of the tooth restored must be placed here. (O = occlusal, M = mesial, D = distal, B = buccal, L = lingual, F = facial, I = incisal).

**Diagnosis Index #:** Please enter **ANUG** in this field if applicable.

**Procedure Code:** Enter the appropriate procedure code here. The code must be five digits. All procedure codes must start with the letter (D). We no longer accept codes that start with the numeric zero (0). Example: D1110.

**PLEASE NOTE:** Although CPT modifiers are not allowed on the 837 electronic dental transactions under the Health Insurance Portability and Accountability Act (HIPAA), they are allowed when billing on the paper ADA claim form. You may continue to use modifiers when billing the current electronic format. See Chapter III for a listing of modifiers.

**Quantity:** This field must have at least (1) for quantity. If this box is left blank your claim will deny. When billing for additional units, for example, D9221 - General Anesthesia/each additional 15 minutes, enter (2) in the QTY field and double the amount charged to bill for 30 additional minutes.

To avoid a duplicate claim error, when billing codes based on quadrants, you may use the quantity field if the same procedure code is being billed for more than one quadrant on the same date of service. For example, if billing a code for Upper Right Quadrant and again for Upper Left Quadrant, please put a (2) in the quantity field and double the amount charged.

**Fee:** Enter the provider's usual and customary fee here. Please **do not** list the MaineCare rate of reimbursement. When a service has been prior authorized and is listed as "By Report" in Chapter III, enter the prior authorized amount listed on your PA letter.

**Administrative Use Only:** The servicing provider number for the dentist, hygienist or denturist who actually performed the service must be listed here. A hygienist working in a dentist's office does not have to enroll as a servicing provider. All other hygienists (public health supervision) must enroll as a servicing provider.

**Total Fee Charged:** Enter the net amount of all the above lines here.

**Payment by other plan:** Enter insurance amount here. This is the amount the insurance carrier has paid for the service. The insurance explanation of benefits must accompany the claim.

**Patient pays:** When a patient has been issued a spend-down letter by the Bureau of Family Independence (BFI) the patient responsibility is entered here. The totals on the spenddown must match the claim. A copy of the spend-down letter issued to you by BFI must accompany the claim.

61. Remarks/Adjustments: Please use this box for **adjustments**. If this is not an original claim, enter the appropriate adjustment codes: 7 – Replacement of previous claim, 8 – Void or Cancel. **All claims submitted for an adjustment must include the TCN number entered in this field.**
62. Signed (Treating Dentist): When billing on paper claims the billing provider or his/her designated representative must sign the form. The signature can be stamped or typed. "Signature On File" is not acceptable in this block.

**Date:** The date on which the form was completed must be placed here. This date must not precede any date listed in the Procedure Date Box. Format must be 8 digits MMDDYYYY. Do not use dashes or hyphens.